

Stress and Anger Management Institute of Oklahoma LLC

Alina Morrow LPC-S, CAMS II
1945 W Concord Circle N, Suite B
Broken Arrow, Ok 74012
(918) 808-9288

Client Information

Client Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Age: _____ Date of Birth: _____ Race: _____

Phone #: _____

Emergency Contact

Name: _____

Phone: _____ Relationship: _____

Signature of Client

Date

Signature of Counselor

Date

Consent for Treatment

Welcome to my practice. This document contains important information about my professional services, business policies, and your rights and responsibilities as a client. Please read this document carefully and feel free to ask questions.

Anger management is a form of therapy that helps clients address internal and external factors that disrupt their inner equilibrium, and overcome emotional, behavioral, and thinking blockages that causes increased emotional reactivity. Anger is a normal human emotional response that becomes problematic when (1) it becomes the main coping mechanism used to cope or externalize emotional distress, (2) it leads to relationship problems, (3) it interferes with work performance, and (4) it causes legal repercussions. The experience and outcome of going through anger management is a subjective experience that depends on several factors: (1) client's motivation for change, (2) overall attitude towards the counseling process, (3) willingness to actively participate and be your own agent of change, and (4) commitment in practicing and acquiring new coping skills.

Anger management is a commitment to yourself, the counselor and the therapeutic relationship directly influence by the rights and responsibilities held by each person. This frame helps the client feel safe to take risks and receive support to become empowered by the change. As a client, you have certain rights and limitations that will influence your therapy that you should be aware exist. As a counselor, I have corresponding responsibilities to you.

My Responsibility to You as Your Counselor

I. Confidentiality. One of your most important rights involves confidentiality. Within certain limits, the information you provide during the counseling sessions will be kept strictly confidential and it will not be revealed to any other person or agency without your written permission. This also includes situations in which you may choose to have a family member or friend attend the session for support. Their physical presence in the sessions does not constitute ground for me to communicate with them without your written consent. There are certain legal and/or ethical limitations to confidentiality which require a counselor to reveal information obtained during counseling to other persons or agencies, without the client's permission. Limits to confidentiality include the following:

1. If you threaten grave bodily harm or death to another person, I am required to inform the appropriate legal authorities and the intended victim.
2. If you express a serious intent to grievously harm yourself, it may be necessary for me to reveal information to family members and/or persons authorized to respond to such emergencies, in order to protect you from harm.
3. If a court of law issues a legitimate subpoena or court order, I am required to provide information that is specifically described in the document.
4. If you are being evaluated or treated by an order from a court of law, the results of the evaluation or treatment ordered must be revealed to the court.

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5. If I have a good reason to suspect that a child or elder is a victim of physical abuse, sexual abuse, or neglect, these suspicions must by law be reported to the Department of Human Services.

If you elect to communicate with me via email or text at some point in our work together, please be aware that these forms of communication are not completely confidential as they can be retained in the logs of internet service providers, or telephone service provider. The email and text exchanges we have will be documented in your treatment record.

If we happen to see each other in public places, please know that I am not able to acknowledge you, unless you acknowledge me first. I would prefer if we don't engage in conversation about our work together outside the counseling office. In addition, I am unable to respond to Facebook friend requests for privacy and professional reasons.

Additional Policy if you Receive Relationship Counseling from Me

If you and your partner are considering that you want to have individual sessions as part of your couple's therapy or in addition to it, what you share with me in those sessions will be kept confidential. Only with your written consent will I be able to share that information with your spouse or partner. Do not share with me anything you wish to keep secret from your partner. If you do, it is expected that you will tell your partner what you have shared with me, otherwise I will not be able to continue the couple's therapy.

II. Record-Keeping and Managed Mental Health Care

I keep very brief records, noting only that you have attended, the general topics we discuss, and interventions used. Please know that I don't write verbatim what we talk during the entire session. These records are used for therapeutic purposes only. You have the right to request a copy of your records. I can provide a copy of your records or treatment summary to any other health care provider or third party only with your written consent. If you need any of these forms please notify me in advance (preferably a week notice) otherwise a **\$50 emergency fee** will be charged in addition to the cost of copying or writing the summary. I maintain your records in a secure location that can only be accessed by me. Your records are kept for seven (7) years then they will be securely destroyed.

III. Fees

My standard session fee is \$100 for individual counseling and \$150 for couples/families for a 50- minute session. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. The fee is due at the end of each session, and the payment is not refundable. I accept cash, check, credit or debit card. You are not required to make an appointment at the end of any of our sessions. If you choose to make an appointment, I will send you a reminder (via phone, text, or email per your directive) two days prior to the appointment (48 hours in advance). Please confirm, cancel or reschedule the appointment the day I send you the reminder the latest by 8pm, otherwise it will be assumed that you cancelled without proper notification and you will be charged the full fee. These charges are not refundable and the appointment will become available to other clients. I understand most of us have busy lives and at times clients forget to respond to the reminder. I will initiate a follow-up reminder the following morning. If you cancel the appointment as a result of the follow-up reminder, you will still be financially responsible for the appointment (full fee, nonrefundable) since the 48 hours cancellation policy has not been followed.

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Emergency telephone conversations less than 10 minutes long are free-of-charge. If we spend more than 10 minutes speaking on the telephone, and/or more than 10 minutes reading and responding to emails from you during a given week, I will bill you on a prorated basis for that time.

In addition, if it becomes necessary for me to write formal statements on your behalf, I will bill you at a prorated basis for that time.

I do request a valid payment option on file, preferably with your full credit or debit card information. In certain situations, I can accept checks or cash if the client does not have a debit card. The credit/debit card payment option will not be used for billing purposes unless the client chooses to do so at the end of every session, and it will be kept on file until the client ends therapy. In addition, the credit/debit card will be processed for charge if the client misses an appointment or does not cancel/ reschedule the appointment as directed by the cancellation policy. The card information will be discarded when the client terminates therapy or is inactive for over 4 months.

V. My Approach to Therapy

I am a Licensed Professional Counselor and Supervisor (#5106) in the state of Oklahoma, a Certified Anger Specialist II, a Grief Counselor and a Certified Clinical Trauma Professional. In my work with clients, I use a fairly direct style that combines several types of interventions. Some of these interventions are likely to include but are not limited to dialog, interpretation, cognitive reframing, explorative reflection, education, awareness exercises, journal-keeping, reading books/various materials. Their purpose is to help you explore, understand and generate adaptive solutions to current problems you wish to work on. Please know that I cannot and will not offer advice. You have the right to accept or refuse anything I suggest, with the understanding that change will require your active participation. Any significant change you wish to see is directly linked to the amount of effort and commitment you will perform during our work together.

Please know that anger management therapy/counseling has emotional risks and benefits. Risks sometimes include a significant in emotional discomfort for a few sessions as problems are explored. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometime disruptive in your personal life. You may find that therapy will be a source of strong feelings, some of them painful at times. Please know that counseling is an active intervention that will disrupt your emotional equilibrium possibly resulting in more anger, frustration, sadness, despair, anxiety, and confusion. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people that take these risks find counseling to be helpful. In time, counseling often leads to significant reduction in feelings of distress, better relationships, and resolutions of specific problems. However, there are no guarantees about what specific benefits or risks you might experience.

Anger management counseling is a mutually agreed upon relationship. Therefore, you as a client will have to decide if this setting is right for you, or if you wish to terminate it. There are a few situations that could occur in which I reserve the right to terminate services and provide a written statement towards the party that ordered the anger management counseling. These include:

1. If you are disrespectful towards me, as your counselor, and the counseling setting;
2. If you show signs of violence, verbally or physically threaten, or harass me;
3. If you have dismissed the cancellation policy two sessions in a row;
4. If you chronically reschedule your appointments or come in late; or
5. If you refuse to actively participate in the anger management process (refuse to complete homework, don't practice the new taught skills, and passively attend the sessions without obvious interest to engage in the required work to address your anger problem).

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If I terminate you from therapy, I will provide you with a referral to other sources of care, but cannot guarantee that they will accept you for therapy. If you desire to re-enroll in anger management with me, I will accept you as my client if your behavior and attitude towards the services I provide changes. If termination has been initiated due to owing payments for missed sessions, you will be able to resume therapy with me if the payment was made prior to scheduling any future appointments.

You have the right to ask questions about anything that happens in therapy. I am willing to discuss and explain the techniques used, as well as to look at alternatives that might work better. I will keep full transparency in treatment and maintain an open communication with you. You have the freedom to end the treatment at any time.

Please know that I will not provide therapy or respond to therapy related questions outside the scheduled session. I will not engage in counseling over the phone, email, or text messages in-between sessions. Any communication we might have via phone, email, or text is solely to coordinate appointments.

Your Responsibilities as My Client

You are responsible for coming to our scheduled sessions on time. It is your responsibility to confirm, cancel, or reschedule the appointment according to the cancellation/rescheduling policy or to make proper arrangements; otherwise you will be charged the full fee. If you are late, we will end on time and not run over into the next person's session. Once you confirm the appointment, if you have an emergency that will prevent you from attending the session, it is your responsibility to reschedule the missed appointment at the time of the emergency. In doing so, you will avoid the charges for the appointment. I will not accept last minute emergency cancellations unless it is a life threatening situation (car accident, child suddenly getting ill), so please give me at least 5-hour notice.

You are responsible to pay at the end of each session, unless other arrangements are made (such as paying in advance for several sessions). You are responsible to provide a valid payment options. If your check bounces or the credit/debit card provided on file does not work and you have ignored my attempts to remediate the situations, I reserve the right to give your name and the amount due to a collection agency.

You have the right to decide if working with me as your counselor is a good fit for you. You have control over the decision of how often you want to schedule sessions, the goals for counseling, and when you want to terminate treatment. I will be available to consult and discuss all these objectives with you, but ultimately it will be you that decides the course of action.

You have the responsibility to be respectful and behave appropriately during our sessions. Rude comments, insubordinate and dismissive attitude can result in early termination. For those that are court ordered, their behavior will be documented and communicate to the authorities in charge of their case.

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By signing this form, **I confirm that**

1. I read and understood the content of this document.
2. I understand and I am aware of my rights and responsibilities, as well as the risks and benefits of attending anger management counseling.
3. I understand and I am aware of the policy to make, cancel, and reschedule appointments.

Client's Signature

Date

I acknowledge that this document has been discussed with me and all my questions had been answered. **I give my consent** to begin anger management counseling with Alina Morrow LPCS, CAMS II.

Client's Signature

Date

Counselor's Signature

Date

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Credit Card Guarantee

I agree that if I fail to confirm my scheduled counseling appointment 48 hours in advance, and I fail to make additional arrangements with my therapist or reschedule the appointment during that 48-hour time-period, I will pay the full fee for the missed session.

Credit Card Type: ___ Visa ___ MasterCard ___ Amex ___ Discover

Cardholder Name: _____

Billing Address: _____

Card #: _____ Exp Date: _____

Three digit CID number: _____ (located on the back of card)

I agree to the above terms and authorize Stress and Anger Management Institute of Oklahoma LLC to charge the payment of the missed appointment.

Signature

Date

Stress and Anger Management Institute of Oklahoma LLC

Authorization for Release of Healthcare Records

Client Name: _____ Date of birth: _____

I hereby request and authorize

Alina Morrow LPCS, CAMS II
1945 West Concord Circle N, Suite B
Broken Arrow, OK 74012
(918) 808-9288

_____ To Disclose information to: _____ To Receive information from:

Provider/Person: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Information to be disclosed includes copies of:

_____ Entire Record

_____ Progress Notes

_____ Other:

This authorization will be effective for one year after the date signed, unless cancelled in writing. I understand that the cancellation will have no effect on information release prior to receiving the cancellation. A copy of this authorization is as valid as the original.

Signature of Client

Date

Notice to recipient of information: This information has been disclosed to you from confidential records, which are protected by law. Unless you have further authorization, laws may prohibit you from making any further disclosures of this information without the specific written consent of the client or legal representative.